



Planning & Economic Development
1776 Sixth Ave
Troy, New York 12180
(518) 279-7168
www.troyny.gov

Legal Entity/Owner Name

Federal Employer Identification Number (FEIN)

For Validation - Office Use Only

New Business Application

1. Purpose of Application

Please check all boxes that apply.

☐ Open/Reopen Business

☐ Add permit/registration to Existing Location

☐ Open Additional Location

☐ Change Ownership

☐ Change Location

Indicate old address to be closed:

☐ Other

Explain:

2. Owner Information

Partnership / Corporation Sole Proprietor
Other

Select only one ownership structure:

☐ Sole Proprietor

If married, should spouse's name appear on permit?

☐ Yes

☐ No

(If you answer No, you must still enter the spouse information in section "3e" below.)

☐ Corporation*

☐ Non Profit Corporation* (educational, religious, charitable)

☐ Limited Liability Company*

☐ Partnership (# of partners)

☐ Limited Partnership*

☐ Limited Liability Partnership*

☐ Joint Venture

*These ownership structures must contact the Secretary of State office for additional filing requirements.

Name of Corporation, LLC, Partnership, LLP, or Joint Venture Name (examples: ALP, Inc. OR Peanuts Unlimited LLC)

State incorporated/formed:

Year incorporated/formed:

☐ Association

☐ Trust

☐ Municipality

☐ Tribal Government

☐ Other

Name of Organization (example: Pickering Family Trust)

a. Indicate this ownership structure's first date of business at this location.

Out-of-state businesses should use the first date of operation in Troy.

/
MM YY

(Required. If unknown, please estimate.)

b.
Doing Business As (DBA)/Trade Name

c.
Business Mailing Address (Street & Suite No. or PO Box, do not use building name)

City

State

Zip

d.
Business Telephone Number

Fax Number

Internet/E-Mail Address

Emergency Contact Telephone Number

Name (Last, First, Middle)		Date of Birth	Social Security Number*	% Owned
Home Address (Street or PO Box)		City	State	Zip
Title	Home Telephone Number	Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter spouse information below		
Spouse Name (Last, First, Middle)		Spouse Date of Birth	Spouse Social Security Number*	

Name <i>(Last, First, Middle)</i>	
Home Address <i>(Street or PO Box)</i>	
	(<input type="text"/>) <input type="text"/>
Title	Home Telephone Number
Spouse Name <i>(Last, First, Middle)</i>	

<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Social Security Number*	% Owned
<input type="text"/>		
City	State	Zip
Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter spouse information		
<input type="text"/>	<input type="text"/>	
Spouse Date of Birth	Spouse Social Security Number*	

<input type="text"/> Name <i>(Last, First, Middle)</i>	
<input type="text"/> Home Address <i>(Street or PO Box)</i>	
<input type="text"/> Title	(<input type="text"/>) <input type="text"/> Home Telephone Number
<input type="text"/> Spouse Name <i>(Last, First, Middle)</i>	

<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Social Security Number*	% Owned
<input type="text"/>		
City	State	Zip
Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter spouse information		
<input type="text"/>	<input type="text"/>	
Spouse Date of Birth	Spouse Social Security Number*	

a.

Business Street Address (<i>Do not use a PO Box or PMB Address</i>)	City	State Zip

If the address above is out-of-state and you have employees or representatives working in Troy, please provide **one** of their Troy addresses (we will not use this address for mailing purposes):

Street Address (<i>Do not use a PO Box or PMB Address</i>)	City	State Zip

b. Provide the **estimated** investment in Troy (*check the one box that applies to your business*):

☐ \$0-\$12,000
 ☐ \$12,000-\$28,000
 ☐ \$28,001-\$60,000
 ☐ \$60,001-\$100,000
 ☐ \$100,001 and above

c. Indicate the business activities in Troy (*check all that apply*):

☐ Wholesale
 ☐ Retail
 ☐ Manufacturing
 ☐ Services

d. Describe in detail the principal products or services you provide in Troy
(failure to provide this information will cause delay in processing your application):

e. Did you buy, lease, or acquire all or part of an existing business? ☐ No ☐ All ☐ Part

Date bought/leased/acquired:

MM	DD	YY

--

Prior Business Name

--

Prior Owner's Name

()	
-----	--

Telephone Number

5. Signature

Signature of sole proprietor or spouse, partner, corporate officer, or limited liability member/manager.

I, the undersigned, declare under the penalties of perjury and/or the revocation of any permit granted, that I am the applicant or authorized representative of the from making this application and that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct and complete.

X	
---	--

Signature Required

--

Date

--

Application Prepared By (*Please Print*) Title

()	
-----	--

Telephone No.

--

Date

For Questions please contact:

Andrew Petersen

(518) 279-7168

Submit form by Email

Print Completed Form